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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kind for Congress Committee PO Box 184 ADDRESS (number and street) (Check if address is changed) La Crosse 54602 WI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS fec@cfoconsults.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.ronkind.org/ (Check if address is changed) DATE 2020 C00312017 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Smith, Brent, , , Type or Print Name of Treasurer Smith, Brent, , , [Electronically Filed] 09 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
(a)	x	Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
	H		
(b)	Н	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	nete the candidate
Name Candi		Kind, Ronald, James, ,	
Candi	date	Office	State
Party	Affiliati	on DEM Sought: X House Senate President	District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Party	y Con	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		

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Write or Type Committee Name	i age v
Kind for Congress Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
Badger Victory Fund 2020	
15 N. Pinckney Street	
Mailing Address	
Suite 200	
Madison WI 53703	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the person in perbooks and records.	ossession of committee
Stumbris, Kedrick, , ,	1
Full Name 205 5th Ave S	
Mailing Address Room 411	
La Crosse , WI , 54601	
Title or Position CITY STATE	ZIP CODE
Finance Director Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the namy designated agent (e.g., assistant treasurer).	name and address of
Full Name Smith, Brent, , , of Treasurer	
Mailing Address 205 5th Ave S	
Room 411	
La Crosse WI 54601	
CITY STATE Title or Position	ZIP CODE
Treasurer Telephone number Telephone number	

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Full Name of Designated Agent Ga	salvin, Brendan, , ,	
Mailing Address	One Park Row	
	5th Floor	
	Providence RI CITY STATE	02903
Title or Position Accountant		
	epositories: List all banks or other depositories in which the committee deposits fun	nds, holds accounts, rents
safety deposit boxes	s or maintains funds.	
safety deposit boxes Name of Bank, Depo		
Name of Bank, Depo		
Name of Bank, Depo	ository, etc.	
Name of Bank, Depo	vository, etc. Vells Fargo Bank	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S	54601
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S	54601 ZIP CODE
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S La Crosse CITY STATE	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S La Crosse CITY STATE STATE	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S La Crosse CITY STATE	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S La Crosse CITY STATE Nository, etc.	
Name of Bank, Depo	Vells Fargo Bank 305 5TH AVE S La Crosse CITY STATE 1700 Oak Forest Dr	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:			
	1		FEC II	D number	C
	2.		FEC II	D number	C
	3.		FEC II	D number	C
	4.		FEC II	D number	С
6.	Name of Any Connected House Swing State	Organization, Affiliated Committee, Join	t Fundraising Re	presentative	e, or Leadership PAC Sponsor
		040 47th Otre 4 NIM			
	Mailing Address	910 17th Street NW			
		Suite 925			
		Washington		DC	20006
	Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	X Joint Fundraisin	g Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	by name, address (phone number – optic	onal)		
	Mailing Address				
				1 . 1	
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Telephone N	lumber	
9.	safety deposit boxes or ma	amated Bank 275 Seventh Ave	which the comm		
		New York		NY	10011
ı		CITY A		STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi r	ig i di dolpanti		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		oint Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee J y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif			Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lome of Any Connector	l Organization, Affiliated Committee, Joint Fo	undraicina Panrocontati	vo or Londorship PAC Span
	organization, Anniated Committee, Committee	undraising nepresentativ	re, or Leadership FAO Spons
1			
Mailing Address			
Relationship:	CITY 🛦	STATE A	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona		tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
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esignated Agent: Identi			tative Leadersnip PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona		
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resignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona		
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optiona	STATE A	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisin	Participant:					-
1.			FEC I	D number	C	-
2.			FEC I	D number	C	
3.			FEC I	D number	C	Ξ
4.			FEC I	D number	C	
ame of Any Connected	Organization, Affiliated	Committee, Joint Fu	ndraising Re	presentative	e, or Leadership PAC Sp	on
Mailing Address						
			1	1 , 1		
Relationship:		CITY A		STATE A	ZIP CODE 4	
Connected	Organization Affiliat	ed Committee J	oint Fundraisir	g Representa	ative Leadership PAC	S _I
				ng Representa	ative Leadership PAC	S _I
esignated Agent: Identify				ng Representa	ative Leadership PAC	S _I
esignated Agent: Identify Full Name				ng Representa	ative Leadership PAC	S _I
esignated Agent: Identify Full Name	by name, address (phor			g Representa	ative Leadership PAC	
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Coulee epository, etc.	by name, address (phor	ne number – optional	Telephone N	STATE A	ZIP CODE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or ma ame of Bank, Coulee	by name, address (phore the state of the sta	ne number – optional	Telephone N	STATE A	ZIP CODE A	
Full Name	by name, address (phore the state of the sta	ne number – optional	Telephone N	STATE A	ZIP CODE A	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	Indraising Representativ	re, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee Affiliated Committee by name, address (phone number – optional	loint Fundraising Represent	tative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identify			Leadership PAC Sp
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Full Name	clty A cles: List all banks or other depositories in whintains funds. a Credit Union	STATE A Telephone Number	ZIP CODE A